

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	SNOWMOBILE DRIVE TRACK
Attorney Docket Number::	7432.187USU1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 02/23/04

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: BRET
Middle Name::
Family Name:: RASMUSSEN
Name Suffix::
City of Residence:: PRESTON
State or Province of Residence:: IDAHO
Country of Residence:: UNITED STATES
Street of mailing address:: 29 W. ONEIDA
City of mailing address:: PRESTON
State or Province of mailing address:: IDAHO
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 83263

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: JASON
Middle Name::
Family Name:: HOWELL
Name Suffix::
City of Residence:: THIEF RIVER FALLS
State or Province of Residence:: MINNESOTA
Country of Residence:: UNITED STATES
Street of mailing address:: P.O. BOX 342

Initial 02/23/04

City of mailing address:: THIEF RIVER FALLS
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 56701

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: MIKE
Middle Name::
Family Name:: KONICKSON
Name Suffix::
City of Residence:: THIEF RIVER FALLS
State or Province of Residence:: MINNESOTA
Country of Residence:: UNITED STATES
Street of mailing address:: 2233 NELSON DR.
City of mailing address:: THIEF RIVER FALLS
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 56701

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
----------------------------------	-------

Initial 02/23/04

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/449792	02/24/03

Assignee Information

Assignee Name:: ARCTIC CAT, INC.
Street of mailing address:: P.O. BOX 810, 601 SOUTH BROOKS AVENUE
City of mailing address:: THIEF RIVER FALLS
State or Province of mailing address:: MINNESOTA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 56701